

LACA 4/30/87 #1

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on cliche (12-pitch) typewriter.)

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|---|--|--|--|--------------------------------|--|---|--|---|--|---------------------------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. CA0008302903 | | Manifest Document No. 00587 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SIMPSON BUILD COMPANY 8400 FIRESTONE BLVD. COLNEY, CA 90241 | | | | | | A. State Manifest Document Number 86159420 | | | | | | | |
| 4. Generator's Phone (717) 881-1281 or 213- 888 773-4353 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name HAZCO INTERNATIONAL, INC. | | | | | | C. State Transporter's ID 705215 | | | | | | | |
| 6. US EPA ID Number NADP80831580 | | | | | | D. Transporter's Phone 800-237-1333 | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | E. State Transporter's ID | | | | | | | |
| 8. US EPA ID Number | | | | | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICE 12504 EAST WHITTIER BLVD. WHITTIER, CA 90602 | | | | | | G. State Facility's ID CAD042245001 | | | | | | | |
| 10. US EPA ID Number CAD042245001 | | | | | | H. Facility's Phone 213-698-0991 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Waste No. | |
| a. WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID, NA 1263 | | | | | | No. Type | | | | | | 214 | |
| b. | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| 15. Special Handling Instructions and Additional Information GLOVES, GOGGLES & PROTECTIVE CLOTHING | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. | | | | | | | | | | | | | |
| Printed/Typed Name JACK G. GALE | | | | | | Signature Jack G. Gale | | | | Month Day Year 15/4/87 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Signature Robert T. Ciprin | | | | Month Day Year 15/4/87 | | | |
| Printed/Typed Name ROBERT T. CIRPIN | | | | | | Signature | | | | Month Day Year | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Signature | | | | Month Day Year | | | |
| Printed/Typed Name | | | | | | | | | | | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Henry Solomon | | | | | | Signature Henry Solomon | | | | Month Day Year 4/30/87 | | | |

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